

# Redirection of Benefit Payment



**Work and Income**

Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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## What is Redirection of Benefit Payment?

Redirection of benefit payment is where part or all of your benefit is paid to another person or organisation; please complete this form if you want this to happen. Requests will only be approved in special circumstances and for good reason.

You will need to show us why you need Work and Income to pay part or all of your benefit to another person or organisation, and why you can't use other options, such as paying by direct debit or using your bank's automatic payment service.

The other person or organisation who receives your payments doesn't have any power to act on your behalf in relation to the rest of your benefit or other dealings with us. If you want to give extra powers to another person or organisation, such as letting them access your Work and Income file or having them act on your behalf with Work and Income, you will need to complete an *Appointment of Agent* form.

## What you need to do

*If you need help filling in this form, please ask at your nearest Work and Income Service Centre.*

*Mehemea e hiahia me awhina a koe ki te whakaki i tenei panui, haere patai ki te poari o te Work and Income tata tonu ki a koe.*

*Afai e te mana'omia se fesoasoani i le faatumuina o so'o se pepa talosaga e uiga i penefiti, faamolemole faafesoota'i le ofisa o le Work and Income.*

### When you apply for a redirection of your benefit payment you will need to:

- ☐ complete this form, including giving the reasons why you need to have part or all of your benefit paid to another person or organisation and what alternatives you have tried
- ☐ attach proof to support your application, for example, a recommendation from a doctor or budget advisor, a tenancy tribunal decision, or proof from a bank that they will not provide the service you need (such as not allowing you to open an account or set up automatic payments)
- ☐ attach proof of the bank account of the person or organisation that you want to receive your benefit payment
- ☐ have the person (or a representative of the organisation) who will receive part or all of your benefit sign this form to show they agree to the redirection.

## Name

### 1. What is your name?

First name(s)

Surname or family name

## Birth date

### 2. What is your date of birth?

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Day

Month

Year

## Your benefit payments

**Q3 note:** You need to have good cause for this, for example, you are ill and unable to manage your own affairs, or you are having major problems managing your finances.

 Please attach proof of this to support your explanation.

### 3. Why do you need part or all of your benefit paid to another person or organisation?


### 4. Please explain what efforts you have made to find an alternative to Work and Income redirecting your benefit payments (ie, using automatic payments or direct debit).


### 5. How much of your benefit do you want to redirect?

☐ The whole amount    ☐ A portion of it ▶ \$  per week

## Details of the person or organisation you are redirecting the payments to

**Q6 note:** This can be either a person or organisation.

### 6. Who do you want your benefit payment redirected to?

Name of person or organisation

Contact phone

Mobile phone

Email

Fax

### 7. What is their postal address?

Flat/house no.


Street name

PO Box/Private Bag No.

Suburb

City

## Bank details

 Please attach proof of the bank account to this form, for example, a pre-printed deposit slip or statement with the account name, bank, branch and account number.




### 8. What are their bank account details?

Name of bank (eg ANZ):

Name of branch (eg Lower Hutt):

The account is in the name of:

The account number is:

Bank	Branch	Account number
		

Office use only

Verified by .....

## Client declaration

The information I have given is true and complete.

I accept that:

- this redirection of benefit will continue until I ask Work and Income to stop it
- I will advise Work and Income of any changes to this redirection, including the amount of benefit being redirected
- Work and Income will only pay the benefit due.

Client's signature





Date

Day	Month	Year

## Declaration of person who has completed this form (if not the client)

**Please note, you also need to:**

 Attach proof that shows why the client can't sign this request for a redirection of their benefit payments, for example, an Enduring Power of Attorney, Court Order or medical evidence of temporary incapacity.

 Provide two documents to prove who you are, for example:

- birth certificate
- driver's licence.

I have completed this form due to the inability of the client named above to do so themselves.

I am signing this form on behalf of the client, and accept the client's obligations on the client's behalf (as listed in the 'Client declaration' above).

The information I have given is true and complete.

Full name

Signature



Date

Day	Month	Year

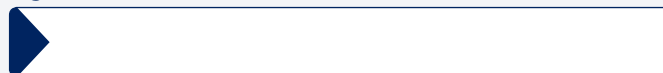
## Agreement of the person or organisation receiving the benefit payments

I agree to receive the above client's benefit payments, the amount of which is given in Question 5.

I understand that I am receiving all or part of the client's benefit, and I agree to use these payments as directed by the client or their agent.

Full name

Signature



Date

Day	Month	Year

## OFFICE USE ONLY

### Checklist

Has the client completed and signed this *Redirection of Benefit* application form?  
(If "No", ensure the 'Client unable to complete and sign form' section below is complete.)

☐ Yes ☐ No

Have other options been fully considered, for example, direct debit or automatic payment?

☐ Yes ☐ No

Has adequate documentation been provided that supports this application?

☐ Yes ☐ No

Is there good cause to approve this request for redirection of benefit payment?

☐ Yes ☐ No

What amount of their benefit will be redirected?

☐ the whole benefit ☐ specific amount ▶ \$  ☐ none (request declined)

Are there any other circumstances of the client's situation you consider relevant?  
(If the redirection request is to be declined, please explain the reason here.)


### Checklist if client unable to complete and sign form

Have you contacted the client and attempted to gain their approval of the redirection?

☐ Yes ☐ No

Has supporting evidence been provided of why consent cannot be obtained?

☐ Yes ☐ No

Has the person who completed this form on behalf of the client completed and signed their declaration?

☐ Yes ☐ No

### ID details of individual who completed form:

ID 1 details

Verification

ID 2 details

Verification

Briefly summarise why the client's consent cannot be obtained:


### Decision

☐ Approved ☐ Declined


Processor's signature

Date

Day	Month	Year

Service Centre Manager's reason (if different from recommendation of Processor)

☐ Approved ☐ Declined


Service Centre Manager's signature

Date

Day	Month	Year